



Role of Kukkutanda Swedna and Nasya in the Management of Ardita- A Pilot Study

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Abstract:-

Ardita is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata*. *Ardita* is also explained as *Ekayaam* by *Ashtang Hrudaya*. *Acharya Charaka* has included *Sharirardha* in *Ardita* while *Sushruta* has considered as the face is only affected in *Ardita*. In the modern text it is correlated with facial palsy on the basis of signs and symptoms. *Charaka* attributed the root cause of *Ardita* to highly vitiated *vata doshas* whereas *Ayurvedic* experts like *Shodhal* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Ardita* in *Ayurveda* is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other *vatavardhaka ahara- vihara*. *Nadi swedna* and *Nasya* is explained in classics like *Charaka*⁶ and *Sushruta* for treatment of *Ardita*. *Sushruta* described medication for *Ardita* in his *Sutrasthana* giving special emphasis on *Nasya*. A pilot study was carried out on 6 patients of *Ardita*. The patient *Snehana* is done with *Murchhit Til taila*. After *snehana swedana kukkutanda swedna* is carried out. *Nasya* is done with *Ksheerbala Tail*. *Swedna* and *Nasya karma* was found to be highly effect in management of *Ardita*.

Keywords:- *Ardita, vatavyadhi, Snehana, Kukkutanda Swedna, Nasya.*

Introduction:-

Ardita is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata*. It has been enlisted among eighty types of *nanatmaja vyadhies*. *Ardita* is also explained as *Ekayaam* by *Ashtang Hrudaya*. *Acharya Charaka* has included *Sharirardha* in *Ardita* while *Sushruta* has considered as the face is only affected in *Ardita*¹. In the modern text it is correlated with facial palsy on the basis of signs and symptoms mentioned there in it. It is commonly caused due to the lesion found on the seventh cranial nerve i.e facial nerve which leads to partial or total loss of movement of unilateral face. Modern science found the drugs like steroids and anti-viral etc. for it. Also surgical and other treatments are available for facial paralysis². Yet its reoccurrence and synkinesis are reported³.

Charaka attributed the root cause of *Ardita* to highly vitiated *vata doshas* whereas *Ayurvedic* experts like *Shodhal* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Ardita* in *Ayurveda* is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other *vatavardhaka ahara- vihara*. Due to *vata prakopa, nidana sevana* whenever *vata doshas* vitiates, it enters in all the empty channels (*srotas*) of the body and then creates different types of *Ekanagata* and *Sarvangagata vyadhies* (80 types of *vata disorders* described by classics including various diseases like *Ardita, pakshaghat, joint disorders*). The main

symptoms of *Ardita* are *vakrardha*, *netravikrti*, *lalasrava*, *vakasanga*, *parsh vedana* etc^{4,5}. *Nadi swedna* and *Nasya* is explained in classics like *Charaka*⁶ and *Sushruta* for treatment of *Ardita*. *Sushruta* described medication for *Ardita* in his *Sutrasthana* giving special emphasis on *Nasya*. In *Ayurveda Panchkarma* along with drug administration aims to improve its outcome and prevents the residual treatment. *Panchkarma* technique like *Nasya* has a definite role in relieving the impairment. *Nasya* is a process by which medicated oil is administered through the nostrils. Prior to *Nasya*, *purvakarma* measures are done like *Snehana* and *Swedna* to face, forehead, head, ear and neck. These prior *snehana* and *swedna* helps to loosen the adhesive *doshas* thereby facilitating the subsequent part of the treatment.

Incidence:-

According to statistical data, facial paralysis affects around 1 in 1000 of the general population. It is more common in young adults. Diabetic patients and women are more prone to this disorder.

Aims and Objectives:-

1. To assess the effect of *kukkutanda swedna* in *Ardita*.
2. To assess the effect of *Ksheerbala taila Nasya* in *Ardita*.
3. To assess the combined effects of both the above mentioned therapies in *Ardita*.

Material and Methods:-

1. Random selection of patients was made irrespective of their sex, education, etc. from O.P.D and I.P.D of Desh Bhagat Ayurvedic College and Hospital, Mandi Gobindgarh. Punjab.
2. Single group study.
3. Sample size = 6.
4. Study duration – 7 days.

Inclusion criteria:-

1. Patients having the signs and symptoms of *Ardita* i.e. *Netravikrti*, *Lalasrava*, *Vaksanga* etc.
2. Patients between the age group of 25 – 40 years.

Exclusion criteria:-

1. Patients of age below 25 years and above 40 years.
2. Patients having intracranial tumor, Intracranial hemorrhage, Bilateral facial Palsy, Involvement of Ipsilateral or Contra lateral hand leg and tree.

Criteria for Assessment:-

Assessment was done on the basis of scoring of cardinal signs, associated symptoms and *Doshanubandhita Lakshanaas*. Scoring pattern was developed according to severity of symptoms. Improvement was assessed accordingly.

1. *Vaktrardhavakra*:-
Complete *Mukhavakrata* 3.

Half <i>Mukhavakrata</i>	2.
Mild <i>Mukhavakrata</i>	1.
Normal	0.

2. *Vaksanga*:-

Complete <i>Vaksanga</i>	3.
Pronouncing with great efforts	2.
Pronouncing with Less efforts	1.
Normal speech (whistling)	0.

3. *Netravikriti*:-

Complete upwards rolling of eye	3.
Half rolling of the eye	2.
Partial upwards rolling of the eye	1.
Normal	0.

4. *Lalasarava*:-

Constant (Profuse) <i>Lalasarava</i>	3.
Intermittent (moderate) <i>Lalasarava</i>	2.
Partial (mild) <i>Lalasarava</i>	1.
Normal / No <i>Lalasarava</i>	0.

Assessment of the degree of voluntary movements in order to document the grade of Facial Paralysis as described in the House Classification System.

Assessment of total effect:-

Assessment	Score
Complete cure	100%.
Marked Relief	>50%.
Moderate Response	> 25% To 50%.
Mild Improvement	<25%.
No Response	0%.

Diagnostic criteria:-

An elaborate Performa incorporating the points of history taking and physical examination mentioned in *Ayurveda* and Modern Medicine was prepared. The Performa mainly emphasized on *Karmatmak* and *Avayavatam* changes as well as *Gyanendriya*, *Karmendriya* and *Manas Pariksha* along with CNS examination⁷.

Cardinal symptom:-

Vaktrardhavakra: The patient must be having complete or partial loss of voluntary functions of one side of the face to diagnose a case of *Ardita*.

Associated Symptoms:-

Vaksanga, Netravikriti, Griva-chibukadantanam, Parshe Vedana, Grivaapavartanam, Lalasrava, Kampa, Hanugraha, Osthashotha, Shoola, Asyapitata, Jvara, Trishna, Murchha, Dhupanam, Ganda- Shiro – Manya Shopha and Stambha.

Procedure:-

Procedure for pinda sweda:

Anda sweda:

Anda sweda is practiced mainly by Ayurveda vaidya in Kerela. It comes under the variety of *Ushma sweda*.

Materials required: For 1 day⁸

Kolakulathadi churna 400gm

Methika 100gm

Haridra 100gm

Lemon 1 pcs

Yolk of egg 10

Cloth - 2m, Thread - 2 m, *Murchita taila*(for *Mukha Abhyanga*)

Procedure :

Cut the lemon into small pieces. Fry in mild heat adding adequate oil. When yellow colour of lemon starts fading, add the powdered drugs and fry well. To this add the yolk of boiled egg and mix well. Remove the pan from the fire. Make the contents into potalli. The content once made should for single day.

Procedure for Nasya:

For this patient was asked to lie in supine position , proper *Mukha Abhyanga* was done with *Murchita Taila* to face followed by *mrudu swedana*(*Vasan sweda*) . After that patient is asked for *Nasya* position(*Kinchita pralambita shirasa*) and *Ksheerabala taila* was poured 6-6 drops in each nostrils. Asked to remain in same position for 10 mins, and instructed not to swallow the oil and spit out if comes in throat region. Patients are asked to follow the regimens needful after *nasya*.

Nasya is the *Panchkarma* procedure. So prior to *Nasya*, *purvakarma* measures like *snehana* (oleation), *swedana* to face, forehead, head, ear and neck. The *snehana* and *swedna* will help to loosen the adhesive doshas thereby facilitating the subsequent treatment .In addition blow with balloon exercise is done. *Snehana* is done with *Murchhi Til taila* at face for 25 minutes and at shoulder, neck region for 5 minutes. After *snehana swedana kukkutanda swedna* is carried out. Then *Nadi swedna* is carried out for gaining *samayak swinn lakshana* if required. *Nasya* is done with *Ksheerbala Tail* which is explained for *Vatavyadhi* in '*Saharayoga*'⁸ During *Nasya* 8 drops are infilled in each nostril for first 3 days, 10 drops in next 3 days and 15 drops in last 2 days. In *Paschatkarma* patient should be given Luke warm water for gargling. If required *dhompana* should be carried out and all *paschatkarma*.⁹

Observation:-

Grading...

Symptoms	Observation.	Grading.
1. Mukhavakrata	Complete <i>Mukhavakrata</i>	3
	Half <i>Mukhavakrata</i>	2
	Mild <i>Mukhavakrata</i>	1
	Normal	0
2. Vaksanga	Complete <i>Vaksanga</i>	3
	Pronouncing with great efforts	2
	Pronouncing with less efforts	1
	Normal speech (whistling)	0
3. Netravikriti	Complete upward rolling of eye	3
	Half of the upward rolling of eye	2
	Partial upward rolling of eye	1
	Normal	0
4. Vedana/ Krnashoola	Constant <i>Vedana</i> / <i>karnashoola</i> in affected side of face	3
	Intermittent <i>Vedana</i> / <i>karnashoola</i> in affected side of the face	2
	Mild <i>Vedana</i> / <i>karnashoola</i> in affected side of the face	1
	No <i>Vedana</i> / <i>Krnashoola</i>	0
5. Lalarava	Constant (profuse) <i>Lalarava</i>	3
	Intermittent (moderate) <i>Lalarava</i>	2
	Partial (mild) <i>Lalarava</i>	1
	No <i>Lalarava</i>	0

Observed Grading in patients....

<i>Mukhavakrata</i>		<i>Vaksanga</i>		<i>Netravikriti</i>		<i>Krnashoola</i>		<i>Lalasarava</i>	
B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.	B.T.	A.T.
3	1	2	0	3	0	2	0	1	0
3	0	1	0	2	0	2	0	1	0
3	1	2	1	3	0	2	1	0	0
2	1	2	0	3	1	1	0	0	0
2	0	1	1	3	0	2	0	0	0
2	0	1	0	3	0	2	1	1	0

Result:-

From the data of this study showing treatment of Bell's palsy with *Nasya karma* was found to be highly effect. It provided complete cure.

Discussion:-

Ardita is a *Nanatmaja vatavyadhi* explained by *Charaka Acharya*. The persons who have less immunity to tolerate cold atmosphere, if they are suddenly exposed to cold climate they become a victim of this disease. *Alpastva* persons especially women are found to more prone to such disorder. *Charaka* attributed the root cause of *Ardita* to highly vitiated *vata doshas* whereas *Ayurvedic* experts like *Shodhal* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Nasya* is a process by which medicated oil is administered through the nostrils. *Nasya* is regarded as patient friendly because it can be done even in comfort of patient's residence.

Nasya medication has no any side effect. The *Nasya dravya* medicine acts at *Sringataka marma* from where it spreads into various *strotas* (vessels and nerves) and bring out all vitiated *doshas*. The drugs by general blood circulation after absorption through mucous membrane pool into venous sinuses of brain via inferior ophthalmic veins. There the absorption is directly into the cerebrospinal fluid. Nerve endings of olfactory and trigeminal nerve which are arranged in the peripheral surface of mucous membrane are stimulated by *Nasya karma* and impulses are transmitted to the central nervous system¹⁰.

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